where it knows of the absence of a terminal condition, the hospice may be liable for the submission of false claims. Criminal penalties can also be imposed against persons who knowingly and willfully make false representations about a patient's medical condition which are used to determine eligibility for payment of Medicare or Medicaid benefits.

• *A hospice should not refuse to address health care needs relating to a beneficiary's terminal diagnosis.*

Once a Medicare beneficiary elects hospice care, the hospice is responsible for furnishing directly, or arranging for, all supplies and services that relate to the beneficiary's terminal condition, except the services of an attending physician. Hospice beneficiaries have the right to receive covered medical, social and emotional support services from the hospice directly, or through arrangements made by the hospice, and should not be forced to seek or pay for such care from non-hospice providers.

When a beneficiary is receiving hospice care, the hospice is paid a predetermined fee for each day during the length of care, no matter how much care the hospice actually provides. This means that a hospice may have a financial incentive to reduce the number of services provided to each patient, since the hospice will get paid the same amount regardless of the number of services provided.

Medicare has received complaints about hospices neglecting patient needs and ignoring reasonable requests for treatment. One individual reported that his wife's hospice failed on three separate occasions to respond to telephonic requests for emergency services. He was forced to call a non-hospice physician who arranged for hospitalization. His wife's care required a 26-day length of stay. Although the hospital contacted the hospice the day following admission, the hospice did not visit the patient or in any way coordinate her care during the hospital stay.

The Office of Inspector General also has uncovered situations where duplicate claims were submitted by a hospice and other providers (such as skilled nursing homes and hospitals) for services related to the beneficiary's terminal illness. In a nationwide audit of services provided to Medicare beneficiaries enrolled in hospice programs, approximately $21.6 million was improperly paid to hospitals and nursing homes for the treatment of hospice beneficiaries. Hospices are required to make financial arrangements for hospitalization, nursing services and all other health care needs related to the beneficiary's terminal illness and included in the hospice plan of care. The cost of these services should be paid by the hospices.

• *A beneficiary has a right to expect a hospice to provide complete and accurate information about the consequences of hospice election and revocation.*

A hospice is obligated to inform beneficiaries or their representatives that by electing the hospice benefit, they waive all rights to curative treatment or other standard Medicare benefits related to the terminal illness, except for the services of an attending physician. Some hospices inappropriately induce beneficiaries or their representatives to enroll in the hospice program without explaining that hospice election results in forfeiture of curative treatment benefits under Medicare. For instance, some hospices have solicited the beneficiary's neighbors and friends, who in some jurisdictions may act as beneficiary representatives, and who may not be familiar with the beneficiary's medical condition. In these situations, the beneficiary and/or representative may not appreciate that traditional Medicare benefits will be denied once the hospice benefit is elected.

The Office of Inspector General also has learned of hospices which induce beneficiaries to revoke the hospice election if expensive palliative treatment, even for a temporary period, becomes necessary. As a consequence, beneficiaries may then be burdened with substantial co-payments that would not be charged under hospice. It is especially important to note that when a beneficiary revokes the hospice election during the last election period, re-enrollment in the Medicare hospice benefit will be precluded permanently.

You Should Be Alert to the Following Questionable Activities

• Hospice recruiters failing to notify prospective patients or their representatives that they will no longer be entitled to Medicare coverage of curative treatment if they elect the hospice benefit.

• Hospice personnel inducing beneficiaries to revoke their hospice election when more costly treatment is needed.

• A hospice refusing or failing to provide or arrange for needed care;

• Nursing home residents being induced to elect hospice but not receiving the additional benefits of hospice care;

• Non-hospice providers charging Medicare for services to hospice patients that hospices can and should provide, such as counseling or medical equipment.

What To Do With Information About Questionable Practices Involving Hospice

If you have questions about the scope of the hospice benefit or the care you are receiving in hospice, you should first consider discussing these matters with your attending physician or the hospice provider. If you wish to report questionable practices, call or write: 1–800–HHS–TIPS, Department of Health and Human Services, Office of Inspector General, P.O. Box 23489, L'Enfant Plaza Station, Washington, D.C. 20026–3489.

Dated: October 23, 1995.

June Gibbs Brown,

Inspector General.

[FR Doc. 95–27217 Filed 11–1–95; 8:45 am]

BILLING CODE 4150–04–P

National Institutes of Health

National Institute of General Medical Sciences; Notice of Cancellation of Meeting

Notice is hereby given of a cancellation of the meeting of the following committee on the National Institute of General Medical Sciences for November 1995, which was published in the Federal Register Notice on September 15, (60 FR 47951).

Name of Committee: Genetic Basis of Disease Review Committee.

Dates of Meeting: November 6–7, 1995.

Place of Meeting: National Institutes of Health, 45 Center Drive, Natcher Building, Room F2, Bethesda, MD 20892–6200.

Closed: November 6, 8:30 a.m.—5 p.m., November 7, 8:30 —adjournment.

The meeting was canceled due to administrative complications.

Dated: October 30, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95–27255 Filed 11–1–95; 8:45 am]

BILLING CODE 4140–01–M

National Heart, Lung, and Blood Institute; Notice of Meeting

Notice is hereby given of the meeting of the National Heart Attack Alert Program Coordinating Committee, sponsored by the National Heart, Lung, and Blood Institute on Tuesday, December 12, 1995, from 8:30 a.m. to 3:30 p.m. at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland 20814 (301) 897–9400.

The entire meeting is open to the public. The Coordinating Committee is meeting to examine policies and trends in the emerging managed care

environment as they relate to access to care for patients with acute cardiac ischemia. Attendance by the public will be limited to space available.

For detailed program information, agenda, list of participants, and meeting summary, contact: Ms. Mary Hand, Coordinator, National Heart Attack Alert Program, Office of Prevention, Education and Control; National Heart, Lung, and Blood Institute; National Institutes of Health, Building 31, Room 4A–18, 31 Center Drive MSC 2480, Bethesda, Maryland 20892–2480, (301) 496–1051.

Dated: October 23, 1995.

Claude Lenfant,

Director, NHLBI.

[FR Doc. 95–27174 Filed 11–1–95; 8:45 am]

BILLING CODE 4140–01–M

National Institute of Mental Health; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Institute of Mental Health Initial Review Group, Mental Health AIDS and Immunology Review Committee, which was published in the Federal Register on September 1, 1995 (60 CFR 45728).

This committee was to have convened at 8:30 a.m. on November 7 at the One Washington Circle Hotel in Washington, D.C. The starting date has been changed to November 6.

Dated: October 30, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95–27256 Filed 11–1–95; 8:45 am]

BILLING CODE 4140–01–M

Division of Research Grants; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings:

Purpose/Agenda: To review Small Business Innovation Research.

Name of SEP: Biological and Physiological Sciences.

Date: November 6, 1995.

Time: 8:30 a.m.

Place: American Inn of Bethesda, Bethesda, Maryland.

Contact Person: Dr. Abubakar A. Shaikh, Scientific Review Administrator, 6701 Rockledge Drive, Room 6166, Bethesda, Maryland 20892, (301) 435–1042.

Purpose/Agenda: To review individual grant applications.

Name of SEP: Biological and Physiological Sciences.

Date: November 17, 1995.

Time: 3:00 p.m.

Place: NIH, Rockledge 2, Room 6166, Telephone Conference.

Contact Person: Dr. Abubakar A. Shaikh, Scientific Review Administrator, 6701 Rockledge Drive, Room 6166, Bethesda, Maryland 20892, (301) 435–1042.

Name of SEP: Clinical Sciences.

Date: November 21, 1995.

Time: 10:30 a.m.

Place: Holiday Inn-Olde Town Alexandria, Alexandria, Virginia.

Contact Person: Dr. Priscilla B. Chen, Scientific Review Administrator, 6701 Rockledge Drive, Room 4104, Bethesda, Maryland 20892, (301) 435–1787.

Name of SEP: Microbiological and Immunological Sciences.

Date: December 6, 1995.

Time: 1:30 p.m.

Place: NIH, Rockledge 2, Room 4182, Telephone Conference.

Contact Person: Dr. William Branche, Jr., Scientific Review Administrator, 6701 Rockledge Drive, Room 4182, Bethesda, Maryland 20892, (301) 435–1148.

Name of SEP: Microbiological and Immunological Sciences.

Date: December 11, 1995.

Time: 1:30 p.m.

Place: NIH, Rockledge 2, Room 4182, Telephone Conference.

Contact Person: Dr. William Branche, Jr., Scientific Review Administrator, 6701 Rockledge Drive, Room 4182, Bethesda, Maryland 20892, (301) 435–1148.

The meetings will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Program Nos. 93.306, 93.333, 93.337, 93.393–93.396, 93.837–844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: October 30, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95–27254 Filed 11–1–95; 8:45 am]

BILLING CODE 4140–01–M

Public Health Service

Health Resources and Services Administration; Statement of Organization, Functions and Delegations of Authority

Part H, Chapter HB (Health Resources and Services Administration) of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (47 FR 38409–24, August 31, 1982, as amended most recently at 60 FR 48164, September 18, 1995 is amended to reflect the following changes in the Bureau of Health Resources Development:

1. Rename the Division of Organ Transplantation;

2. Abolish the Equal Employment Opportunity Staff in the Office of the Director; and

3. Revise the Immediate Office of the Director.

Under Section HB–20, Organization and Functions, amend the functional statements for the *Health Resources and Services Administration (HBB)* as follows:

1. Rename the *Division of Organ Transplantation (HBB3),* to the Division of Transplantation. The functional statement is not changed.

2. Delete the *Equal Employment Opportunity Staff,* Office of the Director, functional statement in its entirety;

3. Delete the functional statement of the Office of the Director (HBB1) and enter the following:

Office of the Director (HBB1)

Provides leadership and direction for the programs and activities of the Bureau and oversees its relationship with other national health programs. Specifically: (1) Coordinates the internal functions of the Bureau and its relationships with other national health programs; (2) establishes program objectives, alternatives, and polity positions consistent with legislation and broad Administration guidelines; (3) develops and administers operating policies and procedures, and provides guidance and assistance to regional staff as appropriate; (4) evaluates program accomplishments; (5) serves as principal contact and advisor to the Department and other parties concerned with matters relating to planning and development of health delivery systems; (6) provides information about Bureau programs to the general public, health professions associations, and other interested groups and organizations; (7) directs and coordinates Bureau Executive Secretariat activities; (8) directs and coordinates the Bureau activities carried out in support of the Department/Bureau's Affirmative Action and Equal Employment Opportunity programs by ensuring that all internal employment practices provide an equal opportunity to all qualified persons and its employment practices do not discriminate on the basis of race, color, sex, national origin, religious affiliation, marital age or handicap status, and that all external